

WASHINGTON STATE DEPARTMENT OF HEALTH			
Group A Small Water System Sanitary Survey Checklist Report			
System Name:			Survey Date:
PWS ID#:		County:	
PWS Representative Attending Inspection:			
Other Persons Attending Inspection:			
Inspector's Name:		QSS ID#:	
PART A: SUMMARY OF INSPECTION FINDINGS & RECOMMENDATIONS			
<p>The following is a completed sanitary survey checklist and summary of inspection findings. Read the report carefully, as it describes deficiencies observed and recommendations for improvements. You are responsible for correcting all deficiencies. Bolded checklist questions represent deficiencies that may have a greater potential to affect the water system's capacity to serve safe and reliable water. Department of Health Office of Drinking Water (DOH ODW) regional office serving your county is available to answer questions you may have about this survey. DOH ODW contact information can be found at http://www.doh.wa.gov/ehp/dw/.</p>			
Potential High Public Health Risk (HPHR) Deficiencies Observed			
<p>Deficiencies that may meet the criteria for potential HPHR are noted below. HPHR deficiencies are items DOH ODW has determined need immediate attention. DOH ODW will review and confirm potential HPHR deficiencies and notify you in writing if any immediate follow-up action is required.</p>			
<input type="checkbox"/>	None observed.		
<input type="checkbox"/>	Susceptible sources with high risk sanitary control area threats.		
<input type="checkbox"/>	Inoperable treatment facilities, when treatment is required by DOH for primary acute contaminants (such as surface water, required disinfection, nitrate remediation).		
<input type="checkbox"/>	Newly discovered unfiltered surface water sources and/or unapproved groundwater sources in use with no water quality history and not listed on the WFI.		
<input type="checkbox"/>	Confirmed backflow incidents.		
<input type="checkbox"/>	Documented cases of fraudulent operation and/or reporting or willful neglect by the operator.		
<input type="checkbox"/>	Other cases based on professional judgment.		
Brief description of potential HPHR deficiencies checked above:			
Other Deficiencies Observed			
<p>Other deficiencies are items observed during the sanitary survey that should be corrected as soon as feasible. Inspectors will check on their completion at the next site visit.</p>			
Deficiencies corrected since the last sanitary survey:			
1.			
2.			
3.			
Deficiencies that remain from the last sanitary survey:			
1.			
2.			
3.			
Other deficiencies observed during this sanitary survey and recommendations for improvements:			
1.			

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:		Survey Date:	
Other Deficiencies Observed (con't)				
Other deficiencies observed during this sanitary survey and recommendations for improvements (con't):				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

DOH Group A Small Water System Sanitary Survey Checklist		PWS ID#:		Survey Date:	
PART B: GENERAL DESCRIPTION OF WATER SYSTEM					
1. General description of the water system including estimated total population and number of connections, direction of flow (from source to distribution), how the controls function, storage, treatment if any, and number of pressure zones.					
PART C: PLANNING & MANAGEMENT DOCUMENTS					
2. Has the water system completed the following elements of a Small Water System Management Program (WAC 246-290-105)?					
Element 1: Water Facilities Inventory (WFI) Records				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 2: Water Quality Monitoring Program (including Coliform Monitoring Plan)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 3: Consumer Confidence Report				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 4: Sanitary Survey Records				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 5: Annual Operating Permit Records				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 6: Cross-Connection Control Program (as per WAC 246-290-490)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 7: Emergency Response Plan				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 8: Service Area and Facility Map				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 9: Operation and Maintenance Program				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 10: Wellhead Protection Program				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 11: Water Right Documentation				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 12: Record of Source Water Pumped				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 13: Water Usage Records				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 14: Water Conservation Program				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 15: Component Inventory and Assessment				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 16: List of System Improvements				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 17: Operating Budget				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Element 18: System Management Practices and Processes				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
3. Does the system have emergency power?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If yes to question #3, what type of emergency power is available:					
<input type="checkbox"/> Generator, automatic switchover		<input type="checkbox"/> Portable with transfer switch		<input type="checkbox"/> Transfer switch only	
<input type="checkbox"/> Generator, manual switchover		<input type="checkbox"/> Other:			
5. If yes to question #4, frequency of testing:		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	
		<input type="checkbox"/> Annually		<input type="checkbox"/> Infrequently	
				<input type="checkbox"/> Never	
6. Water system's current and future water quality monitoring plans were reviewed (check all that apply):					
<input type="checkbox"/> Coliform monitoring plan		<input type="checkbox"/> D/DBP monitoring plan			
<input type="checkbox"/> WQMR monitoring plan		<input type="checkbox"/> Other:			
7. According to DOH records, the certified operator for this water system is:					
8. If the certified operator on record is not correct, who is the certified operator?					
Instruct the operator to contact the DOH Operator Certification Program at 1-800-525-2536 to update their records. Note: Transient Non-Community water systems are not typically required to have a certified operator.					
9. Comments:					

DOH Group A Small Water System Sanitary Survey Checklist				PWS ID#:		Survey Date:	
PART D: SOURCE FACILITIES				(This page may be reproduced to add more sources)			
10. DOH Source Number:				SO#		SO#	
11. Source Name from the WFI: (For example, North Well; Well #2; ABC334.)							
12. Dept of Ecology Well Tag Number: (Use Well tag ID#, None or Not readable)							
13. Source Use:				P - Permanent		S - Seasonal	
				E - Emergency			
14. If this is an emergency source, is it physically disconnected?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. What is the physical location of the source? Use references such as cross street, address or directions to locate in the field.							
SO#							
SO#							
16. Is the source listed on the Water Facilities Inventory (WFI) report?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. If no to question #16, indicate source type:							
SO#				<input type="checkbox"/> Groundwater		<input type="checkbox"/> Surface Water	
				<input type="checkbox"/> Spring		<input type="checkbox"/> Intertie	
SO#				<input type="checkbox"/> Groundwater		<input type="checkbox"/> Surface Water	
				<input type="checkbox"/> Spring		<input type="checkbox"/> Intertie	
18. Is the source more than 200 feet from surface water <u>AND</u> the top of first open interval is more than 50 feet deep? If no, the source is considered a potential groundwater under the influence of surface water (GWI) and will need additional review by DOH to confirm GWI status.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Is source Sanitary Control Area (SCA) protected from any obvious biological or chemical sources of contaminants? (100 feet of wells and 200 feet of springs and surface water).				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. If no to question #19, use the SCA drawing to locate and describe potential contaminants.							
21. Is the source protected from any obvious risk of being covered by floodwaters?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Is the area immediately around the wellhead graded to prevent water from ponding around the casing?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Is the well constructed with a pitless adaptor?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Is there a properly constructed screened vent on the well cap?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Is there a watertight, sealed well cap with no unprotected openings?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Are conduits and junction boxes sealed to prevent contaminants from entering the well casing?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Does the top of the casing extend at least 6 inches above the floor or ground?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Is the top of the wellhead located above grade (not in a pit)?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. If no to question #28, is the pit drained to daylight and screened at the discharge end to prevent contaminants from entering?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Is a raw water sampling tap provided at the source?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Is the source metered?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. If the water system uses source meters, how often are the meters read:							
<input type="checkbox"/> Daily				<input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly	
				<input type="checkbox"/> Quarterly		<input type="checkbox"/> Annually	
				<input type="checkbox"/> Infrequently		<input type="checkbox"/> Never	
33. Are well enclosures or buildings constructed or maintained to provide (check all that apply):							
<input type="checkbox"/> Lighting				<input type="checkbox"/> Venting		<input type="checkbox"/> Protection from freezing	
				<input type="checkbox"/> No storage of toxic or hazardous chemicals			
<input type="checkbox"/> Floor drain with screen at discharge end				<input type="checkbox"/> Locks to prevent unauthorized entry		<input type="checkbox"/> Protection from rodent infestation	
34. Are the sources protected from unauthorized access (check all that apply)?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Locked well cap				<input type="checkbox"/> Fenced w/ locked gate		<input type="checkbox"/> Signs	
				<input type="checkbox"/> Alarm system		<input type="checkbox"/> Telemetry	
35. Is water supplied from a spring source? If yes, answer questions #36 through #40.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Is the spring enclosed by a structure with watertight seals to keep out surface water?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Is the drain pipe on the collection box screened?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Is the overflow pipe on the collection box screened?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Is direct surface drainage diverted around or away from the spring?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Is the area around the spring fenced to prevent unauthorized entry?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Comments:							

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:		Survey Date:	
PART F: SOURCE TREATMENT				
Hypochlorination				
68. DOH Source Number:				
69. Does the system have DOH approval to do periodic shock chlorination unrelated to any unsatisfactory coliform samples? If system is not shock chlorinating, skip question.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
70. If they do periodic shock chlorination, indicate frequency and reason for shock chlorination:				
<input type="checkbox"/> Periodic shock chlorination	<input type="checkbox"/> Seasonal shock chlorination	<input type="checkbox"/> Reason:		
71. Is there continuous chlorination at the source?				<input type="checkbox"/> Yes <input type="checkbox"/> No
72. If the source is continuously chlorinated, identify the reasons for treatment (check all that apply):				
<input type="checkbox"/> Unsatisfactory coliform samples	<input type="checkbox"/> DOH required disinfection	<input type="checkbox"/> GWI program requirement		
<input type="checkbox"/> Hydrogen Sulfide	<input type="checkbox"/> Iron removal	<input type="checkbox"/> Manganese removal		
<input type="checkbox"/> CT = 6 is required by DOH	<input type="checkbox"/> WS precautionary	<input type="checkbox"/> Other:		
73. If Chlorine Contact Time (CT) is required by DOH, does the system provide a minimum CT of 6?				<input type="checkbox"/> Yes <input type="checkbox"/> No
74. If DOH requires a free chlorine residual at the entry point, is it maintained at the required level?		Required residual level (mg/L):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
75. If DOH requires a chlorine residual in the distribution system, is it maintained at the required level?		Required residual level (mg/L):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
76. Is the chlorine disinfection system functioning properly?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
77. If no to question #76, have they experienced any of the following problems in the last 2 months (check all that apply)?				
<input type="checkbox"/> No chlorine residual (0.0 mg/L)	<input type="checkbox"/> Out of chlorine solution	<input type="checkbox"/> Hypochlorinator breakdown		
<input type="checkbox"/> Less than minimum entry residual	<input type="checkbox"/> Chlorine overfeed incident	<input type="checkbox"/> Chlorine not proportional		
<input type="checkbox"/> Less than minimum distribution residual	<input type="checkbox"/> Other:			
78. Chlorination Chemical:				
<input type="checkbox"/> 5 1/4% chlorine bleach	<input type="checkbox"/> Chlorine dioxide	<input type="checkbox"/> Gas chlorine		
<input type="checkbox"/> 12% sodium hypochlorite	<input type="checkbox"/> On-site chlorine generation	<input type="checkbox"/> Chloramines		
<input type="checkbox"/> Calcium hypochlorite	<input type="checkbox"/> Other:			
79. Is a backup chemical feed pump or other critical spare parts kept on-site?				<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Are free chlorine residuals monitored and recorded at least 5 days per week?				<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Are monthly free chlorine residual records submitted to DOH by the 10th of each month?				<input type="checkbox"/> Yes <input type="checkbox"/> No
82. Is the purveyor using an approved DPD free chlorine residual test kit and unexpired test chemicals?				<input type="checkbox"/> Yes <input type="checkbox"/> No
83. Is the purveyor using proper testing procedures?				<input type="checkbox"/> Yes <input type="checkbox"/> No
84. Please have the purveyor check the free chlorine residual and note test results in Part K, question #152.				
85. Comments:				
Other Treatment				
86. Are all types of active treatment noted on the WFI?				<input type="checkbox"/> Yes <input type="checkbox"/> No
87. If no to question #86, identify the treatment process and objective using the blank source treatment form.				
88. Has any treatment system listed on the WFI been discontinued?				<input type="checkbox"/> Yes <input type="checkbox"/> No
89. If yes to question #88, are the unused facilities physically disconnected from the rest of the water system?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Plant				
90. Is the treatment plant for the source associated with other sources? For example, blended or in a well field.				<input type="checkbox"/> Yes <input type="checkbox"/> No
91. If yes to question #90, list all sources associated with this treatment plant:				
92. Comments:				

DOH Group A Small Water System Sanitary Survey Checklist		PWS ID#:		Survey Date:	
PART G: BOOSTER PUMP STATIONS					
93. Does the system have booster pump stations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
94. If yes to question #93, describe booster pumps:					
	BP Station # or Name:		HP/GPM:		Location:
	BP Station # or Name:		HP/GPM:		Location:
	BP Station # or Name:		HP/GPM:		Location:
PART H: PRESSURE TANKS					
95. Are there pressure tanks present? If no, skip to next section.					<input type="checkbox"/> Yes <input type="checkbox"/> No
96. If yes to question #95, where are they located?					
97. Type of pressure tanks:		<input type="checkbox"/> Captive Air / Bladder Tank	<input type="checkbox"/> Hydropneumatic Tank	<input type="checkbox"/> Both	
98. Make and Model:					
99. Number and tank size (gals):					
100. Is there an operable pressure gauge on each pressure tank?					<input type="checkbox"/> Yes <input type="checkbox"/> No
101. Is there a testable ASME pressure relief valve installed between the tank and any shutoff valve? (To protect against catastrophic failure from high vapor pressure, such as steam in case of fire.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
102. Is the air/water level adequate? For example, not waterlogged; no excessive pump cycling; or continuous runtime.					<input type="checkbox"/> Yes <input type="checkbox"/> No
103. Can the tank be isolated with a shut-off valve for repairs or replacement?					<input type="checkbox"/> Yes <input type="checkbox"/> No
104. Is there a drain line on each tank?					<input type="checkbox"/> Yes <input type="checkbox"/> No
105. If a hydropneumatic pressure tank is used, how is the air/water level maintained?					
	<input type="checkbox"/> Manual (such as a bicycle pump)	<input type="checkbox"/> Air compressor	<input type="checkbox"/> Snifter valve (Schrader valve)	Other:	
106. For hydropneumatic pressure tanks, is there an oil-less air compressor in service?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
107. Comments:					
PART I: DISTRIBUTION SYSTEM					
108. Is an adequate map of the distribution system maintained?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
109. Do any pressure zones experience low pressure?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
110. If yes to question #109, describe:					
111. Is the system designed to provide fire flow?					<input type="checkbox"/> Yes <input type="checkbox"/> No
112. If yes to question #111, what is the designed flow rate? For example, 500 gpm for 30 minutes.					
113. Are proper procedures followed for disinfection of new construction or repairs?					<input type="checkbox"/> Yes <input type="checkbox"/> No
114. Are there blow-offs to flush system?					<input type="checkbox"/> Yes <input type="checkbox"/> No
115. Are valves periodically exercised?					<input type="checkbox"/> Yes <input type="checkbox"/> No
116. If yes to question #115, frequency:		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other:
117. Is there a flushing program?					<input type="checkbox"/> Yes <input type="checkbox"/> No
118. If yes to question #117, frequency:		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other:
119. Is the system protected from any obvious cross connections observed during the survey?					<input type="checkbox"/> Yes <input type="checkbox"/> No
120. If no to question #119, describe:					
121. Is the system protected from any potential high health hazard cross connections requiring premises isolation per Table 9 of WAC 246-290-490?					<input type="checkbox"/> Yes <input type="checkbox"/> No
122. If no to question #121, describe:					
123. Are backflow prevention assemblies used, such as reduced-pressure and double check valves.					<input type="checkbox"/> Yes <input type="checkbox"/> No
124. If yes to question #123, are the backflow assemblies tested on an annual basis and records maintained?					<input type="checkbox"/> Yes <input type="checkbox"/> No
125. Check the appropriate box that describes the system layout:		<input type="checkbox"/> Looped	<input type="checkbox"/> Branched with dead-ends	<input type="checkbox"/> Both	
126. Comments (Include general condition of distribution system, such as frequency of leaks and repairs.):					

DOH Group A Small Water System Sanitary Survey Checklist				PWS ID#:		Survey Date:	
PART J: FINISHED WATER STORAGE (This page may be reproduced to add more storage facilities)							
127. Is there a non-pressurized storage tank?							<input type="checkbox"/> Yes <input type="checkbox"/> No
128. If yes to question #127, identify storage tank type:							
<input type="checkbox"/>	<input type="checkbox"/> Underground or partially buried		<input type="checkbox"/>	<input type="checkbox"/> Ground level		<input type="checkbox"/>	<input type="checkbox"/> Elevated
<input type="checkbox"/>	<input type="checkbox"/> Standpipe						
129. Storage tank material:							
<input type="checkbox"/>	<input type="checkbox"/> Concrete		<input type="checkbox"/>	<input type="checkbox"/> Concrete with wood roof		<input type="checkbox"/>	<input type="checkbox"/> Steel (welded or bolted)
<input type="checkbox"/>	<input type="checkbox"/> Plastic or fiberglass		<input type="checkbox"/>	<input type="checkbox"/> Wood stave		<input type="checkbox"/>	<input type="checkbox"/> Open reservoir
<input type="checkbox"/>	<input type="checkbox"/> Other:						
130. Storage volume, in gallons:							
131. Is access to top of storage tank protected from unauthorized entry or vandalism?							<input type="checkbox"/> Yes <input type="checkbox"/> No
132. Is the access hatch watertight with an over-lapping lip, framed opening, seal strip, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No
133. Is the access hatch locked?							<input type="checkbox"/> Yes <input type="checkbox"/> No
134. Is there a dedicated air vent on the storage tank?							<input type="checkbox"/> Yes <input type="checkbox"/> No
135. If yes to question #134, is the air vent screened with an intact non-corrodible mesh screen (24 mesh for ground level or 4 mesh for elevated tanks and standpipes)?							<input type="checkbox"/> Yes <input type="checkbox"/> No
136. If unable to physically inspect the reservoir hatch or vent, select method used to document their condition:							
<input type="checkbox"/>	<input type="checkbox"/> Review and discussion of maintenance records with purveyor.						
<input type="checkbox"/>	<input type="checkbox"/> Photos to be taken and mailed by purveyor later.						
<input type="checkbox"/>	<input type="checkbox"/> Purveyor unable to document, additional follow-up required.						
137. Is the overflow line protected by a screen or flapper valve to prevent contaminants from entering or plugging line?							<input type="checkbox"/> Yes <input type="checkbox"/> No
138. How does the overflow line discharge?							
<input type="checkbox"/>	<input type="checkbox"/> Directly out of the side of the tank		<input type="checkbox"/>	<input type="checkbox"/> Near ground level directly on the ground		<input type="checkbox"/>	<input type="checkbox"/> Near ground level onto a splash plate
<input type="checkbox"/>	<input type="checkbox"/> Into a storm or sewer drain		<input type="checkbox"/>	<input type="checkbox"/> Into a body of water		<input type="checkbox"/>	<input type="checkbox"/> Other:
139. If the overflow line discharges into a storm/sewer drain or body of water, is there an approved backsiphonage protection used, such as an air gap or approved backflow preventer assembly?							<input type="checkbox"/> Yes <input type="checkbox"/> No
140. Is there a separate drain line on the tank?							<input type="checkbox"/> Yes <input type="checkbox"/> No
141. Is the drain line protected by a screen or flapper valve to prevent contaminants from entering or plugging line?							<input type="checkbox"/> Yes <input type="checkbox"/> No
142. When was the tank inspected last?		<input type="checkbox"/>	<input type="checkbox"/> 1 yr or less		<input type="checkbox"/>	<input type="checkbox"/> 2-4 yrs	
		<input type="checkbox"/>	<input type="checkbox"/> 5-10 yrs		<input type="checkbox"/>	<input type="checkbox"/> Over 10 yrs	
		<input type="checkbox"/>	<input type="checkbox"/> Never		<input type="checkbox"/>	<input type="checkbox"/> Unknown	
143. What is the tank cleaning frequency?		<input type="checkbox"/>	<input type="checkbox"/> Every year		<input type="checkbox"/>	<input type="checkbox"/> 2-4 yrs	
		<input type="checkbox"/>	<input type="checkbox"/> 5-10 yrs		<input type="checkbox"/>	<input type="checkbox"/> Over 10 yrs	
		<input type="checkbox"/>	<input type="checkbox"/> Never		<input type="checkbox"/>	<input type="checkbox"/> Unknown	
144. How is the tank cleaned and disinfected?							
145. Does the location of the inlet/outlet lines provide for good water turnover in the tank?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
146. Can the tank be isolated from the system for repairs or cleaning?							<input type="checkbox"/> Yes <input type="checkbox"/> No
147. Is there a water sampling tap provided at the tank outlet?							<input type="checkbox"/> Yes <input type="checkbox"/> No
148. Comments:							
PART K: OTHER							
149. Has this water system received any significant customer complaints within the last 5 years?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
150. Describe purveyor's method of documenting and responding to customer complaints:							
151. The water system's compliance status:		<input type="checkbox"/>	<input type="checkbox"/> Was reviewed with purveyor.		<input type="checkbox"/>	<input type="checkbox"/> Was not reviewed with purveyor.	
152. Describe any tests you may have performed during the inspection (such as chlorine residual, pressure, or temperature):							
153. Describe any simple repairs the purveyor may have performed during the inspection:							

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PART L: PUBLICATIONS HANDED OUT DURING THE SURVEY OR SENT BY MAIL					
<input type="checkbox"/> Coliform information packet	<input type="checkbox"/> Emergency disinfection fact sheet	<input type="checkbox"/> Certified Operator information			
<input type="checkbox"/> Coliform health advisory packet	<input type="checkbox"/> Disinfection standards for water mains and wells	<input type="checkbox"/> Group A WAC 246-290			
<input type="checkbox"/> Coliform monitoring plan	<input type="checkbox"/> SWSMP guide	<input type="checkbox"/> Regional office staff roster			
<input type="checkbox"/> Nitrate information packet	<input type="checkbox"/> Cross Connection Control guide	<input type="checkbox"/> Tech Tips – Openings in Wellhead			
<input type="checkbox"/> Nitrate health advisory packet	<input type="checkbox"/> Existing System Approval package	<input type="checkbox"/> Tech Tips – Reservoir Vents			
<input type="checkbox"/> Monthly nitrate report form	<input type="checkbox"/> Wellhead Protection Program	<input type="checkbox"/> Tech Tips – Reservoir Hatches			
<input type="checkbox"/> Sampling procedure forms	<input type="checkbox"/> Water Conservation Program	<input type="checkbox"/> Tech Tips – Troubleshooting Pressure Tanks			
<input type="checkbox"/> Daily chlorination report form	<input type="checkbox"/> Preparing For A Sanitary Survey booklet	<input type="checkbox"/> Tech Tips – Chlorine CT For Small Systems			
<input type="checkbox"/> Preventative Maintenance Program Guide for Small Systems		<input type="checkbox"/> Start-Up and Shut-down Assistance for Seasonal Non-Community Systems			
<input type="checkbox"/> Other:					
PART M: FIELD NOTES					
Documents submitted with survey report:					
<input type="checkbox"/> Reviewed and signed WFI		<input type="checkbox"/> Photographs labeled and attached or delivered electronically		<input type="checkbox"/> Well log	
<input type="checkbox"/> Field system schematic	<input type="checkbox"/> Field SCA drawing	<input type="checkbox"/> Coliform monitoring plan	<input type="checkbox"/> Source treatment process form		
<input type="checkbox"/> Other:					
Field Notes:					
DOH USE ONLY					
DOH Reviewer:					
Review Date:					
Comments:					

DOH Group A Small Water System Sanitary Survey Checklist				PWS ID#:		Survey Date:					
PART N: SOURCE TREATMENT PROCESSES AND OBJECTIVES											
If the system is practicing treatment not noted on the WFI, use this form to identify the treatment process and objectives. Check the treatment objective boxes that apply for each process selected. If needed, provide additional comments below to clarify selections.											
Source Name				Source Number							
Treatment Process				Treatment Objectives *							
				A	B	C	D	E	F	G	H
1	CHLORAMINES	<input type="checkbox"/>						<input type="checkbox"/>			
2	CHLORINATION, GASEOUS	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3	CHLORINATION, HYPOCHLORITE	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4	CHLORINE DIOXIDE	<input type="checkbox"/>									
5	IODINATION	<input type="checkbox"/>									
6	OZONATION	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	ULTRAVIOLET RADIATION	<input type="checkbox"/>									
8	RAPID MIX/IN-LINE BLENDER		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
9	COAGULATION		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
10	FLOCCULATION		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
11	SEDIMENTATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
12	FILTRATION, CARTRIDGE		<input type="checkbox"/>								
13	FILTRATION, DIATOMACEOUS EARTH		<input type="checkbox"/>								
14	FILTRATION, GREENSAND				<input type="checkbox"/>						
15	FILTRATION, PRESSURE SAND		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
16	FILTRATION, RAPID SAND		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
17	FILTRATION, SLOW SAND	<input type="checkbox"/>	<input type="checkbox"/>								
18	PH ADJUSTMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	ION EXCHANGE			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
20	LIME-SODA SOFTENING			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
21	AERATION/AIR STRIPPING				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	PERMANGANATE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
23	ACTIVATED CARBON, GRANULAR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	ACTIVATED CARBON, POWDERED					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	REVERSE OSMOSIS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26	DISTILLATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
27	ELECTRODIALYSIS								<input type="checkbox"/>		
28	SEQUESTRATION			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
29	CORROSION INHIBITORS - PHOSP/SILICA									<input type="checkbox"/>	
30	FLUORIDATION										<input type="checkbox"/>
31	REDUCING AGENTS - SULFUR COMPOUNDS					<input type="checkbox"/>	<input type="checkbox"/>				
32	SLUDGE TREATMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
33	OTHER PROCESSES/OBJECTIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Treatment Objective Types: A = DISINFECTION B = PARTICULATE (TURBIDITY) REMOVAL C = SOFTENING (HARDNESS REMOVAL) D = IRON & MANGANESE REMOVAL E = ORGANICS AND COLOR REMOVAL F = TASTE/ODOR CONTROL & DECHLORINATION G = DISINFECTON BY-PRODUCTS CONTROL H = INORGANICS REMOVAL I = CORROSION CONTROL J = DENTAL HEALTH				Comments:							